

# **COMMUNITY REHABILITATION & TREATMENT PROGRAM HANDBOOK**

State of Vermont  
Agency of Human Services  
Department of Mental Health

**February 2016**

Toll-free in the State of Vermont only:

**1-888-212-4677**

TTY Relay Service Numbers:

**1-800-253-0195 (voice)**

**1-800-253-0191 (TTY)**

**V/TTY: 711**



**Upon request, the Department of Mental Health will furnish  
the contents of this handbook in an alternative format for  
someone who has a reading or visual impairment.**

## Contents

Welcome .....	3
Your Designated Agency (DA)/Specialized Services Agency (SSA) .....	3
Community Rehabilitation and Treatment (CRT) Services .....	5
Emergency Services and Crisis Stabilization .....	7
Privacy .....	7
Your CRT Health Care Rights and Responsibilities .....	8
What to Do to Try to Resolve Concerns.....	8
Concerns About Treatment .....	8
Grievances and Appeals.....	9
What to Do When You Are Concerned About the Quality of Your Services .....	9
Filing a grievance.....	9
What to Do if You Want to Challenge a Reduction or Denial of Services .....	10
Request a Reconsideration, an Appeal and/or Fair Hearing .....	10
Appeals.....	11
Expedited Appeals .....	12
Withdrawing Appeals.....	12
Fair Hearing.....	12
Resources for Assistance with Resolving a Grievance or Appeal .....	13
Quality Improvement: Working Smarter for You .....	13
Advance Directives.....	14
Information about the Department of Mental Health .....	15
Attachment A: Sample CRT Grievance/Appeal Form .....	16
Attachment B: Sample Request for Review of the Way a CRT program Addressed Your Grievance ...	17
Attachment C: Sample Request for Fair Hearing.....	18

## Welcome

You have received this informational manual because you have recently enrolled in a Community Rehabilitation and Treatment program (CRT) in a Designated Agency (DA) or Special Services Agency (SSA) – see below.

For further information, please call the Vermont Department of Mental Health (DMH) at the toll-free number: 1-888-212-4677, Monday through Friday, from 7:45 a.m. to 4:30 p.m. (except holidays). If you have a hearing disability, you may call the TTY Relay Service at 1-800-253-0191 or 711.

## Your Designated Agency (DA)/Specialized Services Agency (SSA)

DMH has contracts with private nonprofit agencies throughout Vermont to provide mental health care. The following is a list of the names and telephone numbers for all designated agencies/Specialized Services Agencies:

	<b>Designated Agency</b>	<b>Serving</b>
1	<b>Clara Martin Center</b> Randolph & Bradford, Vermont <u>CRT, Randolph</u> : 1-802-728-6000 <u>CRT, Bradford</u> : 1-802-222-4477 <u>Crisis</u> : 1-800-639-6360	Orange County
2	<b>Counseling Service of Addison County</b> Middlebury, Vermont <u>CRT, Middlebury</u> : 1-802-388-6751 <u>Crisis</u> : 1-802-388-7641	Addison County
3	<b>Health Care &amp; Rehabilitation Services of Southeastern Vermont</b> Hartford, Brattleboro & Springfield, Vermont <u>CRT, Springfield</u> : 1-802-886-4500 <u>CRT, Brattleboro</u> : 1-802-254-7511 <u>CRT, White River Junction</u> : 1-802-295-9337 <u>Crisis</u> : 1-800-622-4235	Windsor & Windham Counties
4	<b>HowardCenter</b> Burlington, Vermont <u>CRT, Burlington</u> : 1-802-488-6208 <u>Crisis</u> : 1-802-488-6400	Chittenden County

5	<b>Lamoille County Mental Health Services</b> Morrisville, Vermont <u>CRT, Morrisville:</u> 1-802-888-5026 <u>or</u> 1-802-888-5513 <u>Crisis:</u> 1-802-888-4914	Lamoille County
6	<b>Northeast Kingdom Human Services</b> Newport & St. Johnsbury, Vermont <u>CRT, Newport:</u> 1-802-334-5247 <u>Crisis, Newport:</u> 1-802-334-6744 <u>CRT, St. Johnsbury:</u> 1-802-748-3181 <u>Crisis, St. Johnsbury:</u> 1-802-748-3181	Caledonia, Essex & Orleans Counties
7	<b>Northwestern Counseling &amp; Support Services</b> St. Albans, Vermont <u>CRT:</u> St. Albans 1-802-524-6554 <u>Crisis:</u> 1-802-524-6554	Franklin & Grand Isle Counties
8	<b>Rutland Mental Health Services</b> Rutland, Vermont <u>CRT, Rutland:</u> 1-802-775-4388 <u>Crisis:</u> 1-802-775-1000	Rutland County
9	<b>United Counseling Services</b> Bennington, Vermont <u>CRT Bennington:</u> 1-802-442-5491 <u>or</u> 1-802-447-8923 <u>Crisis:</u> 1-802-442-5491	Bennington County
10	<b>Washington County Mental Health Services</b> Montpelier, Vermont <u>CRT Montpelier:</u> 1-802-223-6328 <u>Crisis:</u> 1-802-229-0591	Washington County

	<b>Specialized Service Agency</b>	<b>Serving</b>
11	<b>Pathways Vermont</b> Burlington, VT 1-888-492-8218 <u>Vermont Support Line:</u> 1-888-604-6412	Addison, Chittenden, Franklin, Rutland, Washington, Windsor & Windham Counties

## Community Rehabilitation and Treatment (CRT) Services

*Getting to know you:* Once you are enrolled for CRT services, you will be assigned a staff person/case coordinator who will partner with you to determine your needs and create your individualized treatment plan.

The staff working in the CRT program will work with you to ensure you get the services that best match your needs. The services available through the CRT program are listed below.

- **Clinical Assessment:** Evaluation of your and your family's (per your request) goals for CRT participation; your mental health concerns and the extent to which your mental health condition has impacted your day to day life; and the strengths and barriers that will impact the success of your treatment goals. This assessment leads to the development of an individualized treatment plan.
- **Service Planning and Coordination:** The CRT staff will partner with you to develop an individualized treatment plan that identifies needed services and treatment goals. The CRT staff will work to access and coordinate the services listed in the treatment plan. These services and supports may include hospital discharge planning and transitions to other programs.  
The CRT staff will work with you to monitor progress on your treatment goals and modify your treatment plan as needed.
- **Community Supports:** These services are designed to help you develop skills and social supports that promote mental and physical wellness. These services are focused on your particular needs and are included in the treatment plan. These services may include assistance with daily living activities; supportive counseling; support to participate in community activities; communication with people you've identified as important supports in your treatment goals; and other services that support you to build and sustain healthy personal, family and community relationships. Community supports may be provided to you individually and/or in a group setting.
- **Individual, Group, and Family Therapy:** Individual therapy uses the interaction between a therapist and you to identify and alleviate distress, and helping you to develop strategies that promote mental wellness. Family therapy uses interactions that involve the therapist, an individual, and family members toward the same ends. Group therapy uses interactions that involve the therapist, the individual, and other individuals served in the CRT program.

- **Medication Evaluation and Management, and Consultation with Primary Care:** Medication evaluation consists of individual consultation with a physician or nurse practitioner on how medication may be most useful to you, prescribing, ongoing monitoring of the effects of medication use, and coordination with primary care providers as necessary. You may also be offered supports with Tobacco Cessation and other substance use treatment should you want help with recovery from addictions issues.
- **Emergency Care and Crisis Stabilization (DAs only):** The CRT program will work with you to anticipate and support you through emergency and crisis situations. (See description under Emergency Services, below.)
- **Private Practitioner Behavioral Health Services:** On occasion, additional mental services can be obtained outside the CRT program if they are deemed necessary by the clinical evaluation and included in your individualized treatment plan.
- **Inpatient Behavioral Health Services:** The use of psychiatric hospitalization may be indicated in based upon your need for more intensive care. Your CRT team will maintain contact with the hospital staff and assist you in discharging back to your home or community treatment program.

Some CRT programs may provide additional services. These additional services can be included in your individualized service plan based on the assessment of your needs, clinical appropriateness, and choice. These additional services include:

- **Supported Employment Services:** To assist in establishing and achieving career, educational and work goals.
- **Day Recovery/Psychoeducation/ Recovery Education:** Group recovery activities with other CRT enrollees that promote wellness, empowerment, a sense of community, personal responsibility, self-esteem and hope. These activities provide socialization, daily skills development, crisis support, and promotion of self-advocacy.
- **Housing and Home Supports:** Mental health services and other supports that are designed to help you live in the community.
  - Outreach services to individuals in their own homes
  - Supervised/assisted Living
  - Staffed living residences for one or two people
  - Group treatment residences serving three or more people

- Unlicensed home providers: individualized shared-living arrangements offered within a person's home.
- **Family Psychoeducation** offers support for families and significant others.

## **Emergency Services and Crisis Stabilization**

Emergency Services are available by telephone twenty-four hours a day, seven days a week. During usual business hours, your concerns will be usually addressed by the staff in the CRT program. After hours, emergency services will be provided by the agency where your CRT program is located. If you are working with Pathways Vermont, these emergency services are provided by your local Designated Agency – see the list on pages 3-4.

The DA is required to return your call within an average of fifteen minutes. Emergency Services provides the following services based upon need:

- Talking and working with you to become stable in a crisis situation
- Face-to-face meeting with a Qualified Mental Health Professional (QMHP)
- Referral to other service providers if you need them
- Admission to a crisis bed program
- Admission to an area hospital
- Admission to Vermont Psychiatric Care Hospital

## **Privacy**

Your CRT program has a privacy policy, which they will share with you when you start services. You will also get information about HIPAA (Health Insurance Portability and Accountability Act).

If you believe your privacy rights have been violated, you may file a complaint with the privacy officer with your CRT program or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

The Secretary of the Department of Health and Human Services can be contacted through their regional office at: Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203, voice phone (800) 368-1019 fax (617) 565-3809, TDD (800) 537-7697.

## Your CRT Health Care Rights and Responsibilities

### Your rights include:

- Being treated with respect
- Being treated with dignity
- Having your questions answered
- Finding out about what services are covered and who can provide them
- Understanding how the CRT program determines which services are helpful for your particular needs to include in your treatment plan
- Getting complete, current facts about your mental health in terms you understand
- Partnering in developing your service / treatment plans
- Having a complete service plan that includes other agencies if needed
- Asking for a change in therapist, case coordinator, or other staff (within reason) if that is what you think will help
- Seeing your treatment records
- Voicing complaints about your health care
- Appealing treatment decisions, refusing services, or stopping services (except those required by a court order)

### You are responsible for:

- Sharing information about your symptoms and mental health history
- Asking questions when you need more facts or do not understand something
- Working with CRT staff to develop an Individualized Treatment Plan
- Keeping appointments or calling ahead to cancel
- Treating staff with respect
- Responding to consumer satisfaction surveys regarding your CRT services

## What to Do to Try to Resolve Concerns

### Concerns About Treatment

There may come a time when you are not satisfied with your services and want to take steps to address your concerns. You may do so in a formal or informal manner.

**To address your concerns informally, you can talk to the grievances and appeals (G&A) coordinator associated with your CRT program. The G&A coordinator will assist you in discussing your concerns with your treatment team.**



## Grievances and Appeals

The G&A coordinator can also help you file a formal grievance or appeal if you are unhappy with the services provided through the CRT program. (Please review Attachment A to see a sample form.)

Under Vermont's Global Commitment to Health, the Department of Vermont Health Access (DVHA) has established a process to formally resolve concerns about the services you receive.

**Grievance:** You may file a formal grievance when you are not satisfied with the quality of your services including the manner in which staff behave and relate to you. Examples of grievance issues include:

- Dissatisfaction with a service provider's behavior
- Dissatisfaction with the quality of services
- Dissatisfaction with accessibility of services
- Dissatisfaction with program management
- Dissatisfaction with a program decision
- Dissatisfaction with policy decision.

**Appeal:** You may file an appeal when you do not agree with proposed changes to type or amount of the services offered as part of your treatment plan. Examples include:

- Denial, in whole or in part, of a particular service
- Failure to provide services in a timely manner or sufficient quantity
- Denial of request for mental health services outside the CRT program (that you deem clinically appropriate for inclusion in your treatment plan).

## What to Do When You Are Concerned About the Quality of Your Services

### Filing a grievance

Grievances may be spoken or written. To file a grievance you or your representative must contact the G&A coordinator at your CRT program by mail, phone, or in person. Please request in writing if this is a formal grievance. You should file your grievance as soon as possible after the problem or issue arises, but you must file the grievance **within 60 days**.

The CRT program has 5 days to write you a letter acknowledging your grievance after they receive it. They have 90 days to address your grievance. By the end of that 90-day period, the CRT program must write you a letter explaining how your grievance was addressed.

If you are satisfied with the response to your grievance, the process stops here.

If you are not happy about how the CRT program addressed your grievance, you may request a **grievance review** by contacting the Department of Mental Health Quality Management Coordinator (1-888-212-4677). You must make this request **within 10 days** of receiving the letter from the CRT program that describes their response to your grievance. (Please see Attachment B for a sample form requesting this review. The G&A Coordinator at your CRT program can help you access this form.)

The primary purpose of the Department of Mental Health (DMH)'s grievance review is to ensure that the grievance process is functional and the resolution is fair and impartial, rather than reversing a grievance resolution. DMH will acknowledge your request for a review within 5 days of receiving it. You will be notified in writing about the findings of the grievance review within 90 days. **This review is final.**

## What to Do if You Want to Challenge a Reduction or Denial of Services

### Request a Reconsideration, an Appeal and/or Fair Hearing

The following are examples of actions that your CRT program, as a part of the Medicaid managed care organization (MCO) in Vermont, might take in regard to your services:

- A denial or limited authorization of a requested covered service
- Reduction, suspension or termination of a previously authorized covered service or service plan
- Denial, in whole or in part, of payment for a covered service
- Failure to provide a clinically indicated, covered service
- Failure to act in a timely manner when required by state rules
- Denial of a request to obtain covered services outside the Medicaid network

**Notification of service change:** If any of these actions should happen to you, the CRT program will mail you a written notice of the decision at least **11 days** before the change is to take effect. If you do not agree with the proposed service change, you may:

- **Ask for a reconsideration** of the service change. You may do this yourself, or you may ask a representative or a provider to make the request for you. The request may be spoken or written. A reconsideration is an optional informal process that you can ask for; it is not considered an appeal. Generally, the CRT program's reconsideration would be based on new information or a clarification of what is already known. You will still have 90 days from the date of the notice of service change to file an appeal.

- **Appeal the action.** As with a reconsideration, you may either request an appeal yourself or you may ask someone else to make the request for you. The request may be spoken or written. See the section below for details on how to file an appeal.
- **Ask for a fair hearing.** You or your representative may request a fair hearing from the Human Services Board to review your appeal. The request may be spoken or written. You have 30 days after you receive the adverse appeals decision to request a fair hearing, if you have not already done so.

Requests for an appeal and a fair hearing can occur at the same time. You may request an appeal, a fair hearing, or both.

If the appeal/fair hearing involves ending, suspending, or reducing a service you are currently getting, the CRT program may continue to provide that service to you until your appeal/fair hearing is resolved. If you wish for the service to continue until your appeal/fair hearing is resolved, you must request that they do so. You may be liable for the cost of any services provided after the effective date of the reduction or termination of service or the date of the timely appeal, whichever is later.

## Appeals

You have **90 days** from the date you are notified of a service change to ask for an appeal and/or a fair hearing. To file an appeal, you or your representative must contact the G&A coordinator at your CRT program by mail, phone, or in person.

The CRT program will mail an acknowledgment to you within 5 days of receiving your appeal.

The CRT program will schedule a meeting to discuss and review the decision on your appeal and will notify you as soon as possible detailing the date, time, and location of this meeting. You and/or your designated representative have the right to participate in person, by telephone, or in writing in the meeting.

Upon request, the CRT program must provide you or your designated representative with all of the information in their possession or control about the appeal process and the subject of the appeal, including applicable policies or procedures and (to the extent applicable) copies of all necessary and relevant records. You may also examine your case file, including medical records and other documents or records, prior to the meeting. (You will not be charged for copies of any records or other documents necessary to resolve your appeal.) You and/or your designated representative may submit additional information that is likely to be relevant to the determination on your appeal.

The entire appeal process must be completed within **45 days**, with the possibility of an extension of **14 days** upon your or the CRT program's request.

You or your representative may withdraw the appeal by spoken or written request at any time.

If you are dissatisfied with the way the CRT program addressed your appeal, you can request a Fair Hearing with the Human Services Board.

## **Expedited Appeals**

You may ask for an appeal to be expedited if taking the time for a standard resolution could seriously jeopardize your life or health or your ability to attain, maintain, or regain maximum functioning. If a request for an expedited appeal meets clinical criteria, it must be resolved within three working days. The CRT program will send you a letter to inform you of the result of your appeal.

If you request an expedited appeal and it does not meet the clinical criteria for an expedited review the CRT program will promptly give you oral notification, with written notice within 2 days. The appeal will continue as a standard appeal.

## **Withdrawing Appeals**

You or your designated representative(s) may withdraw appeals orally or in writing at any time. If an appeal is withdrawn, the CRT program will acknowledge the withdrawal in writing within 5 calendar days.

## **Fair Hearing**

You may request a Fair Hearing by the Human Services Board regarding reductions or denials of mental health services. You may make this request **within 30 days** of an appeal decision, if you have not already done so. To ask for a Fair Hearing call (802) 828-2536 or send a letter to:

The Human Services Board  
120 State Street, Drawer 20  
Montpelier, Vermont 05620-4301

Please see Attachment C for a sample request. You can also call the Office of the Health Care Advocate for help at 1-800-917-7787.

## Resources for Assistance with Resolving a Grievance or Appeal

If you are not happy with the response from your DA/SSA, or if you need help to resolve a grievance or appeal, contact:

Office of the Health Care Advocate  
1-800-917-7787  
P.O. Box 1367  
264 N. Winooski Avenue  
Burlington, Vermont 05402  
8:30 am - 4:00 pm M-F

Disability Rights Vermont  
1-802-229-1355  
141 Main Street, Suite 7  
Montpelier, VT 05602  
8:30 am - 5:30 pm M-F

Vermont Psychiatric Survivors  
1-800-564-2106  
1 Scale Avenue, Suite 52  
Rutland, VT 05701  
8:30 am - 4:30 pm M-F

National Alliance on Mental Illness of Vermont  
802-244-1396  
162 South Main Street  
Waterbury, VT 05676  
8:00 am - 4:30 pm M-F

To file a request for a Fair Hearing regarding the denial of Medicaid, contact the Human Services Board at:

Vermont Health Access Member Services  
1-800-250-8427; TDD 1-888-834-7898  
5 Burlington Square, 3<sup>rd</sup> Floor  
Burlington, Vermont 05401  
8:00 am - 4:30 pm M-F

## Quality Improvement: Working Smarter for You

The Department of Mental Health (DMH) and your CRT program want to improve the services you get. Many of our Quality Improvement (QI) activities involve asking for information from people who receive mental health services. From time to time DMH or your local CRT program asks people to complete surveys or give comments about the services provided to them. These surveys are

voluntary and will not affect your care. We do encourage you to complete and return the survey since your feedback will help maintain and improve services for everyone.

We have Local and State Program Adult Mental Health Standing Committees that focus on improving access and quality of mental health services. Committee members review information and advise the local mental health agencies, the CRT programs and DMH on the quality of services offered. Individuals, family members, and treatment providers serve on these committees. If you are interested in serving on one of these committees, please inform your local mental health agency or CRT program.

## **Advance Directives**

State and federal laws protect your right to make decisions about health care if you become unable to make these decisions. An advance directive is a written document that states the kind of health or mental health care you want (or do not want) if you become unable to speak for yourself. You may name someone you trust to make choices for you if you become unable to make decisions about your health or mental health treatment.

You can get information about advance directives from the Vermont Ethics Network. The booklet *Taking Steps to Plan for Critical Health Care Decisions* has explanations and forms and is available free from CRT program. You may also visit the Vermont Ethics Network's Web site at <http://www.vtethicsnetwork.org/>.

If you want to speak to someone for assistance in completing an advance directive that makes your wishes clearly understood, you may consider talking to:

- An attorney
- A hospital social worker
- Vermont Psychiatric Survivors (VPS)
- The National Alliance on Mental Illness of Vermont (NAMI—VT)
- A Recovery Educator
- Disability Rights Vermont

To request information about advance directives, ask your CRT program. You may also write or call:

The Vermont Ethics Network at 1-802-828-2909  
61 Elm Street  
Montpelier, Vermont 05602

## Information about the Department of Mental Health

If you have general questions about CRT programs, contact us at:

Department of Mental Health  
NOB 2 North  
280 State Street  
Waterbury, VT 05671-2010

State of Vermont only, call our toll-free number:

**1-888-212-4677**, 7:45 am - 4:30 pm M-F (except holidays)

or TTY Relay Service at **1-800-253-0195** (voice)

or **1-800-253-0191 or 711** (TTY)

Examples of information you might want to see include:

- A summary of available services
- A list of our providers
- Published reports and articles (go to DMH's Web site: <http://mentalhealth.vermont.gov>)
- Phone numbers and addresses of support groups in the community

# Attachment A: Sample CRT Grievance/Appeal Form

## DA/SSA GRIEVANCE OR APPEAL FORM

***If you are dissatisfied with your agency, a member of its staff, or decisions about services that you receive, you may complete this form and give it to the agency's grievances & appeals coordinator so that issues can be resolved reasonably quickly. This form is made available for your convenience, but you may write your concerns down in any way you choose. Or, if you prefer, you may talk to the grievances & appeals coordinator about your concerns.***

- ***We encourage you to express your dissatisfaction openly.***
- ***Your concerns are considered confidential.***
- ***Your services will not be affected if you file a grievance or appeal an action.***
- ***No staff member will treat you poorly if you express your concerns.***
- ***You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.***

Name: \_\_\_\_\_ (required in order to provide a response)

Address: \_\_\_\_\_ or e-mail \_\_\_\_\_

Telephone #: \_\_\_\_\_ (if preferred) Date: \_\_\_\_\_

*(X) What best describes your concerns? If your concerns are about a denial, reduction, or stoppage of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues.*

The following categories may help, but you are not limited to this list:

**Examples of Grievance Issues:**

1.  Dissatisfaction with a staff/contractor
2.  Dissatisfaction with management
3.  Dissatisfaction with program decision
4.  Dissatisfaction with policy decision
5.  Dissatisfaction with quality of services
6.  Dissatisfaction with accessibility of services
7.  Dissatisfaction with timeliness of response
8.  Dissatisfaction with services not offered or not available

**Examples of Appeal Issues:**

1.  Denial or limited authorization of a requested covered service.
2.  Reduction, suspension, or termination of an authorized service or service plan
3.  Denial, in whole or in part, of payment for a service
4.  Failure to provide services in a timely manner
5.  Failure to provide clinically indicated covered services
6.  Denial of request for covered services outside Medicaid network

Describe your concerns and what steps you have taken to resolve the problem so far. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you like to see the problem resolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Attachment B: Sample Request for Review of the Way a CRT program Addressed Your Grievance

### SAMPLE DMH GRIEVANCE REVIEW REQUEST FORM LETTER FOR USE BY CLIENTS

---

[DATE]  
[CLIENT ADDRESS]  
[CITY, VT ZIP]

Vermont Department of Mental Health  
DMH Quality Management Coordinator  
280 State Drive NOB 2 North  
Waterbury, VT 05671-2010

Dear DMH [Adult or Child] Quality Management Coordinator:

I do not agree with how [NAME OF DA] addressed my grievance about [DESCRIBE THE GRIEVANCE] for the following reason/s [TELL THE REASONS YOU DO NOT AGREE IT WAS THE RIGHT DECISION].

- I received the decision on [DATE YOU WERE NOTIFIED]. *Client should make request within 10 calendar days for grievance review by the Department of Mental Health.*

I would like a GRIEVANCE REVIEW by DMH.

- *DMH will see if the grievance process was followed and the decision made with adequate information. The DMH grievance review is considered final. Clients may also request a Fair Hearing of a grievance issue before the Human Services Board, but generally Fair Hearings are reserved for appeals of actions related to reduction, suspension, or denial of service.*

Sincerely,  
[CLIENT NAME]

Copy:

- *People you might want to send copies of your grievance review request:  
DA Grievance and Appeal Coordinator  
DA CRT Director  
DA Executive Director  
Disability Rights Vermont (DRVT)  
Vermont Psychiatric Survivors*

## Attachment C: Sample Request for Fair Hearing

### Sample Request for a Fair Hearing

#### SAMPLE CLIENT REQUEST FOR A FAIR HEARING

---

Client's Address (Street or PO Box #)  
City, State ZIP Code  
Date

Human Services Board  
118 State Street  
Drawer 20  
Montpelier, VT 05602

Dear Human Services Board:

I do not agree with how [DA/SSA] resolved my appeal about [DESCRIBE WHAT SERVICE WILL BE OR HAS BEEN DENIED, REDUCED, OR SUSPENDED BY THE DA].

[TELL THE REASONS YOU DO NOT AGREE IT WAS THE RIGHT DECISION REGARDING YOUR TREATMENT].

Additional comments or clarifying information.

I received the decision on [DATE YOU WERE NOTIFIED BY DA/SSA].

*You should make your request within 90 days of the original DA action notice or within 30 days of the DA appeal decision.*

I would like a FAIR HEARING with the Human Services Board.

Sincerely,

[YOUR NAME]

Copy: *People to whom you should send copies of the Fair Hearing request:*  
*DA grievance and appeals coordinator*  
*DMH*  
*Your attorney*